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FAX

ATTN. Duc T. Doan

Fax Number 1571 273 8300

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FROM Volel Emile, Esq.

Fax Number 512 306 0240

Phone Number 512 306 7969

SUBJECT Response to 1st Office Action (10/660,070)

Number of Pages 13

Date 6/15/2006

MESSAGE

This fax communication contains:

1. one copy of a Fax Transmittal Form;
2. one copy of a FeeTransmittal Letter, not including fee; and
3. one copy of the Response.

Volel

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PTO/SB/21 (02-04)

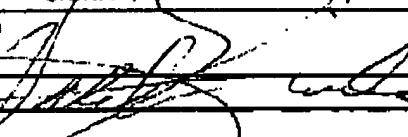
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number 10/650,070
		Filing Date 09/11/2003
		First Named Inventor Zachary Merlyn Loafman
		Art Unit 2188
		Examiner Name Duc T. Doan
Total Number of Pages in This Submission		Attorney Docket Number AUS920030432US1

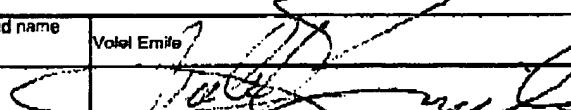
ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below)
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name Signature	Volel Emile 
Date	06/15/2006

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Volel Emile 
Signature	
	Date 06/15/2006

This collection of information is required by 37 CFR 1.6. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 123 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Appl. No. 10/660,070
 Response to 1st Office Action Transmittal dated 06/15/2006
 Reply to Office Action of 03/15/2006

JUN 15 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Application of:	:
Zachary Merlynn Loafman	:
Serial No: 10/660,070	: Before the Examiner:
	Duc T. Doan
Filed: 09/11/2003	: Group Art Unit: 2188
Title: SYSTEM AND METHOD OF	: Confirmation No.: 6184
SQUEEZING MEMORY SLABS	
EMPTY	

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified Application.

X No additional fee is required
 The fee has been calculated as shown below:

	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	21	MINUS	21	= 0	x 50 = \$ 0.00
Indep.	3	MINUS	3	= 0	x 200 = \$ 0.00
1st Presentation of Multiple Dep. Claim					x 360 = \$ 0.00
					TOTAL \$ 0.00

 Please charge my Deposit Account No. 09-0447 in the amount of \$ 0.00.
 A duplicate copy of this sheet is enclosed.

 The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 09-0447. A duplicate copy of this sheet is enclosed.

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Page 1 of 2

Appl. No. 10/660,070

Response to 1st Office Action Transmittal dated 06/15/2006

Reply to Office Action of 03/15/2006

Any additional fees required under 37 CFR §1.16 for the presentation of extra claims.

Any patent application processing fees under 37 CFR §1.17.

Respectfully Submitted

By:

Volel Emile
Attorney for Applicants
Registration No. 39,969
(512) 306-7969

AUS920030432US1

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Appl. No. 10/660,070
Response to 1st Office Action dated 06/15/2006
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EMPTY	

REQUEST FOR RECONSIDERATION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action of March 15, 2006, please consider the following Remarks.

A LIST OF THE PENDING CLAIMS begins on page 2 of this paper.

Remarks begin on page 6 of this paper.

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